

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90041 024 \*\*\*\*55.00

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**DOCUMENT # L00000016150**

1. Entity Name

**TRI STATE TREE SERVICE, L.L.C.**



Principal Place of Business

**10315 LILLIAN HWY  
PENSACOLA FL 32506**

Mailing Address

**P.O. BOX 36220  
PENSACOLA FL 32516-6220**

2. Principal Place of Business

**10315 Lillian Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 36220**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**PENSACOLA, FLA.**

City & State

**PENSACOLA, FLA.**

4. FEI Number **59-3678401**

Applied For

Not Applicable

Zip

**32506**

Country

**Escambia**

Zip

**32516**

Country

**Escambia**

5. Certificate of Status Desired

**7**

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, WAYNE L  
10315 LILLIAN HWY  
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Wayne Lloyd Williams*

**8-1-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WILLIAMS, WAYNE**  
STREET ADDRESS **10315 LILLIAN HWY**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Wayne Lloyd Williams*

**8-1-03 456-9944**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)